Restorative Justice
Louisville

Conference Agreement

Case number **12J 701432**

Name of Offender: **Seiger Gardner**

Name of Victim: **Officer Williams, Officer Dudley**

Offense(s): **Tamp w/ evidence, PDM, CM 3rd, Fleeing/ evading 2nd**   Date of Meeting: **10-27-14**

AGREEMENT

The following agreement was reached:

1. I, **Seiger Gardner** agree to pay victim **Officer Williams** $ **50**

   Payment will be made in full by (date) **NOV 7, 2014** or in payments as follows:

   _____.

   Unless paid to the victim at the meeting, payments will be ~~mailed to.~~
   dropped off at 2nd division Police Station in envelope labeled Attn: Officer R Williams # 7557

Additional Agreement(s):

2. **Seiger will research the effects of marijuana + write a 3 page essay by Nov 7th. A copy will be e-mailed to officer Williams by facilitator + the original will be turned in to Maria (facilitator).**

3. _____

4. _____
   _____

5. _____
   _____

Use additional sheets if necessary.

We further understand that this agreement will be shared with the following:

We also understand that a copy of this agreement shall be provided to the Court and a copy maintained by Restorative Justice Louisville.

Signatures

Richard Wallas 10-27-14
_____
Person who was Harmed   Date

C. Delbert 7/27/16
_____
Person who was Harmed   Date

X Sergei Gardner 10/27/14
_____
Person Who Caused Harm   Date

_____
Person Who Caused Harm   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Facilitator   Date

_____
Parent of Victim (if present)   Date
(If victim is under 18 years of age)

_____
Parent of Victim (if present)   Date
(If victim is under 18 years of age)

Lincoln Nesbitt 10/27/14
_____
Parent of Offender (if present)   Date
(If offender is under 18 years of age)

_____
Parent of Offender (if present)   Date
(If offender is under 18 years of age)

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Conference Participant   Date

_____
Facilitator   Date

Use additional signature sheets if needed.

Return original to:
Restorative Justice Louisville
514 West Liberty Street, Suite 106
Louisville, KY 40202